## **Behavioral Risk Factor Surveillance System**

## Appendix 1: Application for Proposal for the 2016 BRESS Questionnaire

<u> </u>	JIIGIN II.	tppiication for	<del> </del>	sai ioi tiic	LOTO DITI 33 QUESTIO	<u> </u>
Please co	mplete this	application as care	efully and	thoroughly as	possible. Incomplete prope	osals will
be return	ed without	review.				
<b>SECTIO</b>	N A: TYPE	E OF APPLICATION	<u>ON</u>			
Is this a(n	):	☐ MODIFICATION	ON 🗆	ADDITION	$\square$ CONTINUATION (no $\circ$	changes
		<b>⋈ NEW PLAN F</b>	OR EXIS	TING CORE	OR MODULAR QUESTIO	NS
		□ PROGRAM V	MIII HΔ'	VE NO OUES	TIONS FOR 2016	
			VILE 117 (	72 NO Q023	1101101101112020	
<b>SECTIO</b>	N B: SECT	TION OF QUESTION	ONNAIR	<u>IE</u>		
This is for	· a(n):		<b>IODULE</b>	skip to Section	n C}	
			CORE <sup>1</sup>	⊠ CORE <sup>2</sup>		
		for Emerging Core or s state coordinator vo		e you interested	in including as an Optional M	lodule if
<b>SECTIO</b>	N C: PROC	GRAM INFORMA	TION			
Program	Name: Of	ffice of Communicat	tion Scier	nce, Office of t	he Associate Director for	
Program	Contact Per	rson: Cynthia Bau	ır, Ph.D.			
Email:	ynthia.bau	r@cdc.hhs.gov		Telephone:	404-498-6411	
	N D: SOUI	RCE urce of the question(	s)?			
$\boxtimes$ W	e developed	the question(s) {skip	to Q4}			
⊠ Th	e question(s	) is/are from an existi	ng instrun	nent or adapted	from an existing instrument	
<b>SECTIO</b>	N E: PERF	ORMANCE				
		our program then answerthe the original the name of the original the o		•		
	See Attachm	ent A for a list of pro	posed qu	estions. OADC o	reated Questions 1, 2, and 8 f	rom

<sup>&</sup>lt;sup>1</sup> Please note that the number of emerging core questions is limited to 4. Proposals with more than 4 questions will not be considered for emerging core.

<sup>2</sup> Additions to the BRFSS Standard Core Questionnaire are limited and will be prioritized.

3. Did you modify the question(s) from the original instrument?
⊠ Yes
□ No
4. Have these questions been part of a human subjects review determination and if so, what is the
protocol #.
State level
If checked, provide Protocol #
□ <u>HHS level</u>
If checked, provide Protocol #
Questions 5 and 6 ask for evidence of <u>validation</u> and <u>reliability</u> testing. Please click on the links for more
information regarding these concepts or go to this <u>Link</u> for a summary of both.
5. Have the question(s) undergone validation testing?
□ Yes
⊠ No
☐ Yes – but not completed
If yes, please provide evidence of the extent of validity testing by providing the following information
for each study conducted:
Study title:
Study title.
Brief description of methods:
But the tool after only and attacked
Results, including relevant statistics:
Citation (if applicable):

Othe	er versions of the proposed questions, except for proposed Q 8, have gone through cognitive testing
6.	Has the reliability of questions been tested?
	☐ Yes
	⊠ No
	☐ Yes – but not completed
	If yes, please provide evidence of the extent of reliability testing by providing the following
	information for each study conducted:
Study	title:
 Brief	description of methods:
D 1	
Kesui	ts, including relevant statistics:
L Citati	on (if applicable):
	on (in approximate)
7.	Have the question(s) undergone cognitive testing?
	$\square$ Yes (skip next question and go to Date of testing Question)
	⊠ No
	If no, does program want PHSB to have testing conducted?
	✓ Yes (go to Question 8)
	☐ No (go to Question 8)

If yes, please describe the study design and results:				
Date of testing:				

10. Please indicate the average time to administer per question.
□ <10s
□ 11-20s
□ >20s
□ Unknown
Please provide the methods used to obtain the timing data:
11. Are the question(s) telephone/cell phone-survey ready?
☐ Yes
⊠ No
Please describe how you determined the telephone/cell phone-survey readiness of the survey
SECTION F: PUBLIC HEALTH IMPORTANCE
12. Please provide a rationale for why the question(s) is/are important to health behavior or chronic
disease by addressing the following:
Prevalence or disease burden:
Effective public health recommendations and programs depend on people being able to find and under
Estimated costs to the public and healthcare:
Health literacy is a global construct with many dimensions, and comprehensive costs studies have not be
How the topic is related to a state or national initiative (e.g. Healthy People 2020):
Healthy People Objective 11.1 is to improve the health literacy of the population. In 2010, HHS published

des your program, how will other states, programs or agencies benefit from the inclusion of the stion(s) in the BRFSS?
and state and local health department program can use these data to target resources and inte
G: ANALYTIC PLAN se explain why state-level estimates are desired (e.g., impact for your program/agency, l/state/national policy implications, support to research funding.)
we have only one-time national level data of adults' health literacy skills. Because state and lo
se explain why there is a need to measure the question(s) over time
eracy interventions, including public health workforce training, are proliferating. Multiple data
se describe how calculated variable(s) will be constructed from the question(s)
uestion, we ware interested in the proportion of respondents who have health literacy challe

17. Please describe how the variable(s) will be used in analyses (e.g., outcome, predictor, etc.).	
Initially, they will be predictor variables for existing questions about respondents' recall of what p	rovid
18. Based on your questions of interest and anticipated effect size, please provide an estimate for required sample size and the rationale/calculations used to determine the size.	r
Estimated Sample Size:	
We ask that the questions be asked of all study participants. Health literacy is relevant to everyon	e, reg
Rationale/calculations:	
Rationale/calculations:	

## **SECTION H: MODIFICATIONS**

19. <u>Current</u> wording of proposed question(s) (please attach additional Word document if space below is not sufficient):

See Attached question list.	

sufficient):			

	21. Explanation and rationale for proposed wording change.
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